



## **HOSPICE *of* HILO**

### **Teen Grief Support Group**

#### **Description of Program**

When teens experience the death of someone close to them, they can experience intense feelings of grief, just as adults do. Grief is a universal emotion—one that can overwhelm young people as well as grown-ups with feelings such as sorrow, loneliness, anger, and confusion.

To help young people work through the process of grief, Hospice of Hilo is offering an educational support group for teens. Teens aged 12-18 are eligible. Hospice of Hilo is able to offer this program at no cost to the community through the generous support of the Hawai'i Island United Way and other organizations.

The Teen Grief Support Group will meet once a week on **Fridays 3:00-4:30 p.m. at Hospice of Hilo, 1011 Waianuenue Ave., Hilo.** After a holiday break, the session is resuming on February 3rd. The group is facilitated by Fujio Sato, LCSW/Children's Bereavement Counselor. Fujio incorporates experiential exercises, artwork, and group discussion to help teens understand their feelings and the loss they have experienced. Parents/guardians are welcomed contacting Fujio in order to learn about the process of grief, and how they can help their children grieve and grow.

To register your child, please complete the enclosed registration form and questionnaire, and return to Hospice of Hilo, 1011 Waiānuenue Avenue, Hilo, HI 96720 or fax to 961-7397.

For more information please don't hesitate to call the Hospice of Hilo Bereavement Program at 969-1733.

# Teen Grief Support Group Registration Form

*One application form needs to be filled out for each youth.*

Youth's full name: \_\_\_\_\_ Sex: M F DoB: \_\_\_\_/\_\_\_\_/\_\_\_\_

School grade in 2016-2017 SY \_\_\_\_\_ Name of school: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Informed Consent

I, \_\_\_\_\_, give permission for my child,  
\_\_\_\_\_, to participate in the Teen Grief Support Group.

I understand that the goal of the group is to help my child work through his/her grief in a healthy way and to provide support for him/her in expressing feelings of grief.

\_\_\_\_\_  
Parent /Guardian signature Date: \_\_\_\_\_